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7590

03/15/2004

**COLLARD & ROE, P.C.**  
 1077 Northern Boulevard  
 Rosslyn, NY 11576-1696

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<b>MARIA GUASTELLA</b>	(Depositor's name)
<i>[Signature]</i>	(Signature)
<b>JUN 01 2004</b>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/764,634	01/18/2001	Gunter Schwab	SCHWAB ET AL 3	8133

TITLE OF INVENTION: PROCESS FOR PRODUCING A SEMICONDUCTOR WAFER

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	06/15/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
TRAN, BINH X	1765	438-745000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Collard &amp; Roe, P.C.

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Siltronic AG

Munchen, Germany

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☐ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

4b. Payment of Fee(s):

☒ Issue Fee☒ A check in the amount of the fee(s) is enclosed.☒ Publication Fee☐ Payment by credit card. Form PTO-2038 is attached.☒ Advance Order - # of Copies 10☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 03-2468 (enclose an extra copy of this form).

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(Authorized Signature)

(Date)

*Edward Feldman**June 1, 2004*

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06/04/2004 LWONDIN2 00000009 09764634

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 02 FC:1504  
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